

Facility Name & ID Number Maplewood Care

0040428 Report Period Beginning: 01/01/05 Ending: 12/31/05

III. STATISTICAL DATA

A. Licensure/certification level(s) of care; enter number of beds/bed days,
(must agree with license). Date of change in licensed beds N/A

	1	2	3	4	
	Beds at Beginning of Report Period	Licensure Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period	
1	<u>203</u>	Skilled (SNF)	<u>203</u>	<u>74,095</u>	1
2		Skilled Pediatric (SNF/PED)			2
3		Intermediate (ICF)			3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	<u>203</u>	TOTALS	<u>203</u>	<u>74,095</u>	7

B. Census-For the entire report period.

	1 Level of Care	2 3 4 5 Patient Days by Level of Care and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
8	SNF	<u>17,829</u>	<u>1,855</u>	<u>1,913</u>	<u>21,597</u>	8
9	SNF/PED					9
10	ICF	<u>41,601</u>	<u>4,329</u>	<u>15</u>	<u>45,945</u>	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	<u>59,430</u>	<u>6,184</u>	<u>1,928</u>	<u>67,542</u>	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed
bed days on line 7, column 4.) 91.16%

D. How many bed-hold days during this year were paid by the Department?

1,783 (Do not include bed-hold days in Section B.)

E. List all services provided by your facility for non-patients.
(E.g., day care, "meals on wheels", outpatient therapy)

N/A

F. Does the facility maintain a daily midnight census? Yes

G. Do pages 3 & 4 include expenses for services or
investments not directly related to patient care?

YES ☐ NO ☒

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?

YES ☐ NO ☒

I. On what date did you start providing long term care at this location?

Date started 04/01/93

J. Was the facility purchased or leased after January 1, 1978?

YES ☒ Date 04/01/93 NO ☐

K. Was the facility certified for Medicare during the reporting year?

YES ☒ NO ☐ If YES, enter number
of beds certified 23 and days of care provided 1,317

Medicare Intermediary AdminaStar - Kentucky

IV. ACCOUNTING BASIS

ACCRAUAL ☒ MODIFIED
CASH* ☐ CASH* ☐

Is your fiscal year identical to your tax year? YES ☒ NO ☐

Tax Year: 12/31/05 Fiscal Year: 12/31/05

* All facilities other than governmental must report on the accrual basis.

Facility Name & ID Number Mapewood Care # 0040428 Report Period Beginning: 01/01/05 Ending: 12/31/05

V. COST CENTER EXPENSES (throughout the report, please round to the nearest dollar)

	Operating Expenses	Costs Per General Ledger				Reclass- ification 5	Reclassified Total 6	Adjust- ments 7	Adjusted Total 8	FOR OHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	A. General Services											
1	Dietary	237,231	29,762	33,912	300,905		300,905	(19,069)	281,836			1
2	Food Purchase		314,564		314,564	(31,963)	282,601	(287)	282,314			2
3	Housekeeping	200,504	39,797		240,301		240,301	683	240,984			3
4	Laundry	46,516	15,716		62,232		62,232		62,232			4
5	Heat and Other Utilities			163,026	163,026		163,026	2,446	165,472			5
6	Maintenance	74,030	27,532	155,621	257,183		257,183	(39,638)	217,545			6
7	Other (specify):*							6,105	6,105			7
8	TOTAL General Services	558,281	427,371	352,559	1,338,211	(31,963)	1,306,248	(49,760)	1,256,488			8
	B. Health Care and Programs											
9	Medical Director			6,000	6,000		6,000		6,000			9
10	Nursing and Medical Records	1,947,122	115,736	195,322	2,258,180		2,258,180	(24,914)	2,233,266			10
10a	Therapy	84,498	7,778	18,611	110,887		110,887	(3,566)	107,321			10a
11	Activities	93,448	15,488	2,499	111,435		111,435		111,435			11
12	Social Services	184,739		13,132	197,871		197,871		197,871			12
13	CNA Training											13
14	Program Transportation											14
15	Other (specify):*							5,451	5,451			15
16	TOTAL Health Care and Programs	2,309,807	139,002	235,564	2,684,373		2,684,373	(23,029)	2,661,344			16
	C. General Administration											
17	Administrative	63,763		75,552	139,315		139,315	2,668	141,983			17
18	Directors Fees											18
19	Professional Services			158,159	158,159	(1,056)	157,103	(110,830)	46,273			19
20	Dues, Fees, Subscriptions & Promotions			53,878	53,878		53,878	(24,392)	29,486			20
21	Clerical & General Office Expenses	224,899	28,826	155,836	409,561		409,561	(63,884)	345,677			21
22	Employee Benefits & Payroll Taxes			414,694	414,694	31,963	446,657		446,657			22
23	Inservice Training & Education											23
24	Travel and Seminar			5,527	5,527		5,527	356	5,883			24
25	Other Admin. Staff Transportation			8,280	8,280		8,280	2,975	11,255			25
26	Insurance-Prop.Liab.Malpractice			170,434	170,434		170,434	891	171,325			26
27	Other (specify):*							23,222	23,222			27
28	TOTAL General Administration	288,662	28,826	1,042,360	1,359,848	30,907	1,390,755	(168,994)	1,221,761			28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	3,156,750	595,199	1,630,483	5,382,432	(1,056)	5,381,376	(241,783)	5,139,593			29

*Attach a schedule if more than one type of cost is included on this line, or if the total exceeds \$1000.

SEE ACCOUNTANTS' COMPILATION REPORT

NOTE: Include a separate schedule detailing the reclassifications made in column 5. Be sure to include a detailed explanation of each reclassification.

Facility Name & ID Number Maplewood Care #0040428 Report Period Beginning: 01/01/05 Ending: 12/31/05

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass- ification 5	Reclassified Total 6	Adjust- ments 7	Adjusted Total 8	FOR OHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	D. Ownership											
30	Depreciation			72,317	72,317		72,317	(12,029)	60,288			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			168,242	168,242		168,242	515,521	683,763			32
33	Real Estate Taxes			107,681	107,681	1,056	108,737	12,807	121,544			33
34	Rent-Facility & Grounds			800,200	800,200		800,200	(800,200)				34
35	Rent-Equipment & Vehicles			9,150	9,150		9,150	4,318	13,468			35
36	Other (specify):*							16,588	16,588			36
37	TOTAL Ownership			1,157,590	1,157,590	1,056	1,158,646	(262,995)	895,651			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		86,526	62,342	148,868		148,868		148,868			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			111,143	111,143		111,143		111,143			42
43	Other (specify):*											43
44	TOTAL Special Cost Centers		86,526	173,485	260,011		260,011		260,011			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	3,156,750	681,725	2,961,558	6,800,033		6,800,033	(504,778)	6,295,255			45

*Attach a schedule if more than one type of cost is included on this line, or if the total exceeds \$1000.

SEE ACCOUNTANTS' COMPILATION REPORT

VI. ADJUSTMENT DETAIL A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7.
In column 2 below, reference the line on which the particular cost was included. (See instructions.)

	NON-ALLOWABLE EXPENSES	1 Amount	2 Refer- ence	3 OHF USE ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals				4
5	Telephone, TV & Radio in Resident Rooms				5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	(32,156)	30		9
10	Interest and Other Investment Income				10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(287)	02		13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees				17
18	Fines and Penalties				18
19	Entertainment				19
20	Contributions	(1,426)	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(117,961)	21		24
25	Fund Raising, Advertising and Promotional	(7,773)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising	(13,154)	20		28
29	Other-Attach Schedule	(39,154)			29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (211,911)		\$	30

OHF USE ONLY							
48		49		50		51	

B. If there are expenses experienced by the facility which do not appear in the general ledger, they should be entered below.(See instructions.)

		1 Amount	2 Reference	
31	Non-Paid Workers-Attach Schedule*	\$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)	(292,867)		34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (292,867)		36
37	(sum of SUBTOTALS TOTAL ADJUSTMENTS (A) and (B))	\$ (504,778)		37

*These costs are only allowable if they are necessary to meet minimum licensing standards. Attach a schedule detailing the items included on these lines.

C. Are the following expenses included in Sections A to D of pages 3 and 4? If so, they should be reclassified into Section E. Please reference the line on which they appear before reclassification.
(See instructions.)

		1 Yes	2 No	3 Amount	4 Reference	
38	Medically Necessary Transport.			\$		38
39						39
40	Gift and Coffee Shops					40
41	Barber and Beauty Shops					41
42	Laboratory and Radiology					42
43	Prescription Drugs					43
44	Exceptional Care Program					44
45	Other-Attach Schedule					45
46	Other-Attach Schedule					46
47	TOTAL (C): (sum of lines 38-46)			\$		47

SEE ACCOUNTANTS' COMPILATION REPORT

Mablewood Care			STATE OF ILLINOIS		Page 5A	
ID#			0040428			
Report Period Beginning:			01/01/05			
Ending:			12/31/05			
			Sch. V Line			
NON-ALLOWABLE EXPENSES			Amount	Reference		
1	Thrift Loss	\$	(251)	21	1	
2	Court Costs		(2,219)	20	2	
3	Collection Fees		(704)	21	3	
4					4	
5	Non - Allowable Legal		(11,610)	19	5	
6	Capitalized R & M		(24,353)	06	6	
7	Misc. Income		(17)	21	7	
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101	Total		(39,154)		101	

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Maplewood Care # 0040428 Report Period Beginning: 01/01/05 Ending: 12/31/05

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Operating Expenses	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	A. General Services													
1	Dietary					(13,715)	(5,354)						(19,069)	1
2	Food Purchase	(287)											(287)	2
3	Housekeeping			683									683	3
4	Laundry													4
5	Heat and Other Utilities			949	1,497								2,446	5
6	Maintenance	(24,353)		1,128	(11,014)		(5,399)						(39,638)	6
7	Other (specify):*				1,020	1,432	3,653						6,105	7
8	TOTAL General Services	(24,640)		2,760	(8,497)	(12,283)	(7,100)						(49,760)	8
	B. Health Care and Programs													
9	Medical Director													9
10	Nursing and Medical Records				(18,469)				(6,445)				(24,914)	10
10a	Therapy						(3,566)						(3,566)	10a
11	Activities													11
12	Social Services													12
13	CNA Training													13
14	Program Transportation													14
15	Other (specify):*				4,337		1,114						5,451	15
16	TOTAL Health Care and Programs				(14,132)		(2,452)		(6,445)				(23,029)	16
	C. General Administration													
17	Administrative			17,457	(61,225)	50,756	(4,320)						2,668	17
18	Directors Fees													18
19	Professional Services	(11,610)		(99,584)	968	15,836	(16,440)						(110,830)	19
20	Fees, Subscriptions & Promotions	(24,572)		74	106								(24,392)	20
21	Clerical & General Office Expenses	(118,933)		61,425	(6,376)								(63,884)	21
22	Employee Benefits & Payroll Taxes													22
23	Inservice Training & Education													23
24	Travel and Seminar			113	243								356	24
25	Other Admin. Staff Transportation			654	2,321								2,975	25
26	Insurance-Prop.Liab.Malpractice			374	517								891	26
27	Other (specify):*			11,223	4,053	7,946							23,222	27
28	TOTAL General Administration	(155,115)		(8,264)	(59,393)	74,538	(20,760)						(168,994)	28
	TOTAL Operating Expense													
29	(sum of lines 8,16 & 28)	(179,755)		(5,504)	(82,022)	62,255	(30,312)		(6,445)				(241,783)	29

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Capital Expense	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY	
	D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
													(to Sch V, col.7)	
30	Depreciation	(32,156)	15,920	1,662	2,545								(12,029)	30
31	Amortization of Pre-Op. & Org.													31
32	Interest		516,000	(308)	(171)								515,521	32
33	Real Estate Taxes		6,028	2,372	4,407								12,807	33
34	Rent-Facility & Grounds		(800,200)										(800,200)	34
35	Rent-Equipment & Vehicles			2,530	1,788								4,318	35
36	Other (specify):*		16,588										16,588	36
37	TOTAL Ownership	(32,156)	(245,664)	6,256	8,569								(262,995)	37
	Ancillary Expense													
	E. Special Cost Centers													
38	Medically Necessary Transportation													38
39	Ancillary Service Centers													39
40	Barber and Beauty Shops													40
41	Coffee and Gift Shops													41
42	Provider Participation Fee													42
43	Other (specify):*													43
44	TOTAL Special Cost Centers													44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	(211,911)	(245,664)	752	(73,453)	62,255	(30,312)		(6,445)				(504,778)	45

VII. RELATED PARTIES

A. Enter below the names of ALL owners and related organizations (parties) as defined in the instructions. Attach an additional schedule if necessary.

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
See Attached		See Attached		See Attached		
				Maplewood-Jane, LLC		Building Co.

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

☒ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
1	V	34	Rental Income	\$ 516,000	Maplewood-Jane, LLC	100.00%	\$	\$ (516,000)	1
2	V	34	Rent-Deposit Amortization	284,200	Maplewood-Jane, LLC	100.00%		(284,200)	2
3	V	33	Real Estate Tax Income	107,681	Maplewood-Jane, LLC	100.00%		(107,681)	3
4	V	36	Amortization		Maplewood-Jane, LLC	100.00%	16,588	16,588	4
5	V	30	Depreciation		Maplewood-Jane, LLC	100.00%	15,920	15,920	5
6	V	32	Interest Expense		Maplewood-Jane, LLC	100.00%	516,000	516,000	6
7	V	33	Real Estate Tax Expense		Maplewood-Jane, LLC	100.00%	113,709	113,709	7
8	V								8
9	V								9
10	V								10
11	V								11
12	V								12
13	V								13
14	Total			\$ 907,881			\$ 662,217	\$ * (245,664)	14

* Total must agree with the amount recorded on line 34 of Schedule VI.

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. ☒ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	3	HOUSEKEEPING	\$	PREFERRED BOOKKEEPING	100.00%	\$ 683	\$ 683	15
16	V	5	UTILITIES		PREFERRED BOOKKEEPING	100.00%	949	949	16
17	V	6	REPAIRS AND MAINT.		PREFERRED BOOKKEEPING	100.00%	1,128	1,128	17
18	V	17	ADMIN. FINANCIAL SAL.		PREFERRED BOOKKEEPING	100.00%	17,457	17,457	18
19	V	19	PROFESSIONAL FEES		PREFERRED BOOKKEEPING	100.00%	1,596	1,596	19
20	V	20	DUES,SUBSCRIPTIONS		PREFERRED BOOKKEEPING	100.00%	74	74	20
21	V	21	CLERICAL		PREFERRED BOOKKEEPING	100.00%	61,425	61,425	21
22	V	24	SEMINARS		PREFERRED BOOKKEEPING	100.00%	113	113	22
23	V	25	ADMIN. STAFF TRAVEL		PREFERRED BOOKKEEPING	100.00%	654	654	23
24	V	26	INSURANCE		PREFERRED BOOKKEEPING	100.00%	374	374	24
25	V	27	EMPLOYEE BENEFITS		PREFERRED BOOKKEEPING	100.00%	11,223	11,223	25
26	V	30	DEPRECIATION		PREFERRED BOOKKEEPING	100.00%	1,662	1,662	26
27	V	32	INTEREST		PREFERRED BOOKKEEPING	100.00%	(308)	(308)	27
28	V	33	REAL ESTATE TAXES		PREFERRED BOOKKEEPING	100.00%	2,372	2,372	28
29	V	35	EQUIPMENT RENTAL		PREFERRED BOOKKEEPING	100.00%	2,530	2,530	29
30	V								30
31	V								31
32	V	19	ACCOUNT/BOOKKEEPING	101,180	PREFERRED BOOKKEEPING	100.00%		(101,180)	32
33	V	19	COMPUTER	4,872	PREFERRED BOOKKEEPING	100.00%	4,872		33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			\$ 106,052			\$ 106,804	\$ * 752	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. ☒ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	5	UTILITIES	\$	S.I.R. MANAGEMENT, INC.	100.00%	\$ 1,497	\$ 1,497	15
16	V	6	REPAIRS AND MAINT.	18,276	S.I.R. MANAGEMENT, INC.	100.00%	7,262	(11,014)	16
17	V	7	EMP. BEN.-GEN. SERV.		S.I.R. MANAGEMENT, INC.	100.00%	1,020	1,020	17
18	V	10	NURSING	40,200	S.I.R. MANAGEMENT, INC.	100.00%	21,731	(18,469)	18
19	V	15	EMP. BEN.-H.C.		S.I.R. MANAGEMENT, INC.	100.00%	4,337	4,337	19
20	V	17	ADMINISTRATIVE	71,232	S.I.R. MANAGEMENT, INC.	100.00%	10,007	(61,225)	20
21	V	19	PROFESSIONAL FEES		S.I.R. MANAGEMENT, INC.	100.00%	968	968	21
22	V	20	FEES,SUBSCRIPTIONS		S.I.R. MANAGEMENT, INC.	100.00%	106	106	22
23	V	21	CLERICAL & GENERAL	20,712	S.I.R. MANAGEMENT, INC.	100.00%	14,336	(6,376)	23
24	V	24	EDUCATION & SEMINAR		S.I.R. MANAGEMENT, INC.	100.00%	243	243	24
25	V	25	OTHER ADMIN. STAFF TRANS.		S.I.R. MANAGEMENT, INC.	100.00%	2,321	2,321	25
26	V	26	INSURANCE		S.I.R. MANAGEMENT, INC.	100.00%	517	517	26
27	V	27	EMP. BEN.-GEN. ADMIN.		S.I.R. MANAGEMENT, INC.	100.00%	4,053	4,053	27
28	V	30	DEPRECIATION		S.I.R. MANAGEMENT, INC.	100.00%	2,545	2,545	28
29	V	32	INTEREST		S.I.R. MANAGEMENT, INC.	100.00%	(171)	(171)	29
30	V	33	REAL ESTATE TAXES		S.I.R. MANAGEMENT, INC.	100.00%	4,407	4,407	30
31	V	35	EQUIPMENT RENTAL		S.I.R. MANAGEMENT, INC.	100.00%	1,788	1,788	31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			\$ 150,420			\$ 76,967	\$ * (73,453)	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. ☒ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	1	DIETARY SALARIES	\$ 20,712	S.I.R. MANAGEMENT, INC.	100.00%	\$ 6,997	\$ (13,715)	15
16	V	7	EMP. BEN.-DIETARY		S.I.R. MANAGEMENT, INC.	100.00%	1,432	1,432	16
17	V	17	ADMIN./LEGAL SALARIES		S.I.R. MANAGEMENT, INC.	100.00%	50,756	50,756	17
18	V	19	FINANCIAL CONSULTANT		S.I.R. MANAGEMENT, INC.	100.00%	15,836	15,836	18
19	V	27	EMP. BEN.-ADMINISTRATIVE		S.I.R. MANAGEMENT, INC.	100.00%	7,946	7,946	19
20	V								20
21	V	17	ADMIN. SALARY-B. BARRISH		S.I.R. MANAGEMENT, INC.	100.00%			21
22	V	6	REPAIRS & MAINT.-B. BARRISH		S.I.R. MANAGEMENT, INC.	100.00%			22
23	V	21	CLERICAL & GEN.-B. BARRISH		S.I.R. MANAGEMENT, INC.	100.00%			23
24	V	26	AUTO INSURANCE-B. BARRISH		S.I.R. MANAGEMENT, INC.	100.00%			24
25	V	27	EMP. BENEFITS-B. BARRISH		S.I.R. MANAGEMENT, INC.	100.00%			25
26	V	35	AUTO LEASE-B. BARRISH		S.I.R. MANAGEMENT, INC.	100.00%			26
27	V								27
28	V	17	ADMIN. SALARY-M. GIANNINI		S.I.R. MANAGEMENT, INC.	100.00%			28
29	V	21	CLERICAL & GEN.-M. GIANNINI		S.I.R. MANAGEMENT, INC.	100.00%			29
30	V	26	AUTO INSURANCE-M. GIANNINI		S.I.R. MANAGEMENT, INC.	100.00%			30
31	V	27	EMP. BENEFITS-M. GIANNINI		S.I.R. MANAGEMENT, INC.	100.00%			31
32	V	35	AUTO LEASE-M. GIANNINI		S.I.R. MANAGEMENT, INC.	100.00%			32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			\$ 20,712			\$ 82,967	\$ * 62,255	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

X YES NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	10A	SPECIAL REHAB	9,012	S.I.R. MANAGEMENT, INC.	100.00%	5,446	\$ (3,566)	15
16	V	15	EMP. BEN.-H. CARE & PROG.		S.I.R. MANAGEMENT, INC.	100.00%	1,114	1,114	16
17	V								17
18	V	6	REPAIRS AND MAINT.	15,408	S.I.R. MANAGEMENT, INC.	100.00%	10,009	(5,399)	18
19	V	7	EMP. BEN.-GEN. SERV.		S.I.R. MANAGEMENT, INC.	100.00%	2,048	2,048	19
20	V								20
21	V								21
22	V	1	DIETICIAN SALARIES	13,200	S.I.R. MANAGEMENT, INC.	100.00%	7,846	(5,354)	22
23	V	7	EMP. BEN.-GEN. ADMIN.		S.I.R. MANAGEMENT, INC.	100.00%	1,605	1,605	23
24	V								24
25	V	19	LEGAL FEES	16,440	S.I.R. MANAGEMENT, INC.	100.00%		(16,440)	25
26	V								26
27	V	17	FEES	4,320	S.I.R. MANAGEMENT, INC.	100.00%		(4,320)	27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			\$ 58,380			\$ 28,068	\$ * (30,312)	39

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

☒ YES

☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	22	EMPLOYEE HEALTH INSURANCE	\$	CCS EMPLOYEE BENEFIT GROUP	100.00%	\$ 103,293	\$ 103,293	15
16	V								16
17	V								17
18	V								18
19	V	22	EMPLOYEE HEALTH INSURANCE	103,293	CCS EMPLOYEE BENEFIT GROUP	100.00%		(103,293)	19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			\$ 103,293			\$ 103,293	\$ *	39

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

☒ YES

☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	01	DIETARY	\$	XCEL MEDICAL SUPPLY, LLC	100.00%	\$	\$	15
16	V	02	FOOD		XCEL MEDICAL SUPPLY, LLC	100.00%			16
17	V	03	HOUSEKEEPING		XCEL MEDICAL SUPPLY, LLC	100.00%			17
18	V	04	LAUNDRY		XCEL MEDICAL SUPPLY, LLC	100.00%			18
19	V	06	REPAIRS & MAINTENANCE		XCEL MEDICAL SUPPLY, LLC	100.00%			19
20	V	10	NURSING	65,006	XCEL MEDICAL SUPPLY, LLC	100.00%	58,561	(6,445)	20
21	V	11	ACTIVITIES		XCEL MEDICAL SUPPLY, LLC	100.00%			21
22	V	20	DUES, FEES, SUBSCRIPTIONS & PROM		XCEL MEDICAL SUPPLY, LLC	100.00%			22
23	V	21	CLERICAL & GENERAL OFFICE		XCEL MEDICAL SUPPLY, LLC	100.00%			23
24	V	22	EMPLOYEE BENEFITS		XCEL MEDICAL SUPPLY, LLC	100.00%			24
25	V	39	ANCILLARY		XCEL MEDICAL SUPPLY, LLC	100.00%			25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			\$ 65,006			\$ 58,561	\$ * (6,445)	39

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

☐ YES

☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V			\$			\$		15
16	V								16
17	V								17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			\$			\$	\$ *	39

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

☐ YES

☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V			\$			\$		15
16	V								16
17	V								17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			\$			\$	\$ *	39

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

☐ YES

☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V			\$			\$		15
16	V								16
17	V								17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			\$			\$	\$ *	39

Facility Name & ID Number Maplewood Care # 0040428 Report Period Beginning: 01/01/05 Ending: 12/31/05

VII. RELATED PARTIES (continued)

C. Statement of Compensation and Other Payments to Owners, Relatives and Members of Board of Directors.

NOTE: ALL owners (even those with less than 5% ownership) and their relatives who receive any type of compensation from this home must be listed on this schedule.

	1 Name	2 Title	3 Function	4 Ownership Interest	5 Compensation Received From Other Nursing Homes*	6 Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		7 Compensation Included in Costs for this Reporting Period**		8 Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1	Nenita Guzman	Relative	Dietary		See Attached	5.31	10.62%	Alloc. Salary	\$ 6,997	1-7	1
2	Louise Berghold	Owner	Administrative	6.09%	See Attached	5.84	10.62%	Alloc. Salary	20,226	17-7	2
3	Tom Winter	Owner	Administrative	0.77%	See Attached	6.49	10.82%	Alloc. Salary	17,457	17-7	3
4	Jeff Oravec	Owner	Administrative	0.51%	See Attached	4.24	10.60%	Alloc. Salary	10,278	17-7	4
5	Stuart Sikes	Owner	Administrative	1.02%	See Attached	4.24	10.60%	Alloc. Salary	11,617	17-7	5
6	Joey Abramchik	Owner	Administrative	2.54%	See Attached	4.78	10.62%	Alloc. Salary	15,836	17-7	6
7	Adam Vales	Relative	Clerical		See Attached	0.68	1.70%	Alloc. Salary	842	22-7	7
8	Kim Rudolph	Relative	Clerical		See Attached	0.51	1.46%	Alloc. Salary	509	22-7	8
9	Eric Rothner	Relative	Administrative		See Attached	0.77	1.67%	Alloc. Salary	9,933	17-7	9
10											10
11											11
12											12
13								TOTAL	\$ 93,695		13

* If the owner(s) of this facility or any other related parties listed above have received compensation from other nursing homes, attach a schedule detailing the name(s) of the home(s) as well as the amount paid. THIS AMOUNT MUST AGREE TO THE AMOUNTS CLAIMED ON THE THE OTHER NURSING HOMES' COST REPORTS.

** This must include all forms of compensation paid by related entities and allocated to Schedule V of this report (i.e., management fees). FAILURE TO PROPERLY COMPLETE THIS SCHEDULE INDICATING ALL FORMS OF COMPENSATION RECEIVED FROM THIS HOME, ALL OTHER NURSING HOMES AND MANAGEMENT COMPANIES MAY RESULT IN THE DISALLOWANCE OF SUCH COMPENSATION.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Maplewood Care # 0040428 Report Period Beginning: 01/01/05 Ending: 12/31/05

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES ☐ NO ☒

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization _____
Street Address _____
City / State / Zip Code _____
Phone Number (____) _____
Fax Number (____) _____

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
	1					\$	\$			1
	2									2
	3									3
	4									4
	5									5
	6									6
	7									7
	8									8
	9									9
	10									10
	11									11
	12									12
	13									13
	14									14
	15									15
	16									16
	17									17
	18									18
	19									19
	20									20
	21									21
	22									22
	23									23
	24									24
	25	TOTALS				\$	\$		\$	25

Facility Name & ID Number Maplewood Care # 0040428 Report Period Beginning: 01/01/05 Ending: 12/31/05

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES ☒ NO ☐

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization PREFERRED BOOKKEEPING SERVICES
Street Address 4100 WEST PRATT AVE.
City / State / Zip Code LINCOLNWOOD, IL. 60712
Phone Number (847) 674-5200
Fax Number (847) 674-5267

	1	2	3	4	5	6	7	8	9	
	Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	3	HOUSEKEEPING	BOOK./ACCNT.INCOME	936,008	10	\$ 6,321	\$	101,180	\$ 683	1
2	5	UTILITIES	BOOK./ACCNT.INCOME	936,008	10	8,775		101,180	949	2
3	6	REPAIRS AND MAINT.	BOOK./ACCNT.INCOME	936,008	10	10,437		101,180	1,128	3
4	17	ADMIN. FINANCIAL SAL.	BOOK./ACCNT.INCOME	936,008	10	161,494	161,494	101,180	17,457	4
5	19	PROFESSIONAL FEES	BOOK./ACCNT.INCOME	936,008	10	14,763		101,180	1,596	5
6	20	DUES,SUBSCRIPTIONS	BOOK./ACCNT.INCOME	936,008	10	685		101,180	74	6
7	21	CLERICAL	BOOK./ACCNT.INCOME	936,008	10	568,241	511,444	101,180	61,425	7
8	24	SEMINARS	BOOK./ACCNT.INCOME	936,008	10	1,042		101,180	113	8
9	25	ADMIN. STAFF TRAVEL	BOOK./ACCNT.INCOME	936,008	10	6,051		101,180	654	9
10	26	INSURANCE	BOOK./ACCNT.INCOME	936,008	10	3,462		101,180	374	10
11	27	EMPLOYEE BENEFITS	BOOK./ACCNT.INCOME	936,008	10	103,823		101,180	11,223	11
12	30	DEPRECIATION	BOOK./ACCNT.INCOME	936,008	10	15,373		101,180	1,662	12
13	32	INTEREST	BOOK./ACCNT.INCOME	936,008	10	(2,849)		101,180	(308)	13
14	33	REAL ESTATE TAXES	BOOK./ACCNT.INCOME	936,008	10	21,946		101,180	2,372	14
15	35	EQUIPMENT RENTAL	BOOK./ACCNT.INCOME	936,008	10	23,404		101,180	2,530	15
16										16
17										17
18										18
19	19	COMPUTER	DIRECT ALLOCATION						4,872	19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					\$ 942,968	\$ 672,937		\$ 106,804	25

Ending: 12/31/05

Fax Number (847) 675 -0555

	1	2	3	4	5	6	7	8	9	
	Schedule V		Unit of Allocation		Number of	Total Indirect	Amount of Salary		Allocation	
	Line		(i.e.,Days, Direct Cost,		Subunits Being	Cost Being	Cost Contained	Facility	(col.8/col.4)x col.6	
	Reference	Item	Square Feet)	Total Units	Allocated Among	Allocated	in Column 6	Units		
1	5	UTILITIES	PATIENT DAYS	636,443	10	\$ 14,105	\$	67,542	\$ 1,497	1
2	6	REPAIRS AND MAINT.	PATIENT DAYS	636,443	10	68,426	46,969	67,542	7,262	2
3	7	EMP. BEN.-GEN. SERV.	PATIENT DAYS	636,443	10	9,610		67,542	1,020	3
4	10	NURSING	PATIENT DAYS	636,443	10	204,773	204,773	67,542	21,731	4
5	15	EMP. BEN.-H.C.	PATIENT DAYS	636,443	10	40,863		67,542	4,337	5
6	17	ADMINISTRATIVE	PATIENT DAYS	636,443	10	94,293	94,293	67,542	10,007	6
7	19	PROFESSIONAL FEES	PATIENT DAYS	636,443	10	9,125		67,542	968	7
8	20	FEES,SUBSCRIPTIONS	PATIENT DAYS	636,443	10	999		67,542	106	8
9	21	CLERICAL & GENERAL	PATIENT DAYS	636,443	10	135,090	96,485	67,542	14,336	9
10	24	EDUCATION & SEMINAR	PATIENT DAYS	636,443	10	2,293		67,542	243	10
11	25	OTHER ADMIN. STAFF TRANS	PATIENT DAYS	636,443	10	21,870		67,542	2,321	11
12	26	INSURANCE	PATIENT DAYS	636,443	10	4,867		67,542	517	12
13	27	EMP. BEN.-GEN. ADMIN.	PATIENT DAYS	636,443	10	38,192		67,542	4,053	13
14	30	DEPRECIATION	PATIENT DAYS	636,443	10	23,979		67,542	2,545	14
15	32	INTEREST	PATIENT DAYS	636,443	10	(1,613)		67,542	(171)	15
16	33	REAL ESTATE TAXES	PATIENT DAYS	636,443	10	41,530		67,542	4,407	16
17	35	EQUIPMENT RENTAL	PATIENT DAYS	636,443	10	16,852		67,542	1,788	17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					\$ 725,254	\$ 442,521		\$ 76,967	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Maplewood Care # 0040428 Report Period Beginning: 01/01/05 Ending: 12/31/05

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES ☒ NO ☐

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization S.I.R. MANAGEMENT, INC.
Street Address 6840 N. LINCOLN
City / State / Zip Code LINCOLNWOOD, IL. 60712
Phone Number (847) 675 -7979
Fax Number (847) 675 -0555

	1	2	3	4	5	6	7	8	9	
	Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	1	DIETARY SALARIES	PATIENT DAYS	636,443	10	\$ 65,932	\$ 65,932	67,542	\$ 6,997	1
2	7	EMP. BEN.-DIETARY	PATIENT DAYS	636,443	10	13,490		67,542	1,432	2
3	17	ADMIN./LEGAL SALARIES	PATIENT DAYS	636,443	10	478,274	478,274	67,542	50,756	3
4	19	FINANCIAL CONSULTANT	PATIENT DAYS	636,443	10	149,224		67,542	15,836	4
5	27	EMP. BEN.-ADMINISTRATIVE	PATIENT DAYS	636,443	10	74,875		67,542	7,946	5
6										6
7	17	ADMIN. SALARY-B. BARRISH	AVG HRS WKD	20	4	16,008	16,008			7
8	6	REPAIRS & MAINT.-B. BARRIS	AVG HRS WKD	20	4	789				8
9	21	CLERICAL & GEN.-B. BARRIS	AVG HRS WKD	20	4	1,626				9
10	26	AUTO INSURANCE-B. BARRIS	AVG HRS WKD	20	4	1,444				10
11	27	EMP. BENEFITS-B. BARRISH	AVG HRS WKD	20	4	24,215				11
12	35	AUTO LEASE-B. BARRISH	AVG HRS WKD	20	4	5,400				12
13										13
14	17	ADMIN. SALARY-M. GIANNINI	AVG HRS WKD	30	4	10,035	10,035			14
15	21	CLERICAL & GEN.-M. GIANNI	AVG HRS WKD	30	4	457				15
16	26	AUTO INSURANCE-M. GIANNI	AVG HRS WKD	30	4	662				16
17	27	EMP. BENEFITS-M. GIANNINI	AVG HRS WKD	30	4	23,622				17
18	35	AUTO LEASE-M. GIANNINI	AVG HRS WKD	30	4	5,242				18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					\$ 871,295	\$ 570,249		\$ 82,967	25

SEE ACCOUNTANTS' COMPILATION REPORT

VIII. ALLOCATION OF INDIRECT COSTS

Name of Related Organization _____
Street Address _____
City / State / Zip Code _____
Phone Number () _____
Fax Number () _____

B. Show the allocation of costs below. If necessary, please attach worksheets.

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1						\$	\$			1
2										2
3										3
4										4
5										5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					\$	\$		\$	25

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

A. Interest: (Complete details must be provided for each loan - attach a separate schedule if necessary.)

1		2		3	4	5	6		7	8	9	10		
	Name of Lender	Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense			
		YES	NO				Original	Balance						
	A. Directly Facility Related Long-Term													
1							\$		\$			\$	1	
2													2	
3													3	
4													4	
5	See Supplemental Schedule											516,000	5	
	Working Capital													
6	CIB Bank		X	Working Capital		06/20/03		2,810,000				168,242	6	
7													7	
8	See Supplemental Schedule											(479)	8	
9	TOTAL Facility Related						\$	2,810,000				\$	683,763	9
	B. Non-Facility Related*													
10													10	
11													11	
12													12	
13	See Supplemental Schedule												13	
14	TOTAL Non-Facility Related						\$					\$		14
15	TOTALS (line 9+line14)						\$	2,810,000				\$	683,763	15

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ None Line #

* Any interest expense reported in this section should be adjusted out on page 5, line 14 and, consequently, page 4, col. 7.
(See instructions.)

** If there is ANY overlap in ownership between the facility and the lender, this must be indicated in column 2.
(See instructions.)

SEE ACCOUNTANTS' COMPILATION REPORT

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE - SUPPLEMENTAL SCHEDULE

A. Interest: (Complete details must be provided for each loan - attach a separate schedule if necessary.)

	1	2		3	4	5	6	7	8	9	10	
	Name of Lender	Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense	
		YES	NO				Original	Balance				
	A. Directly Facility Related											
	Long-Term											
1	Alloc. Maplewood-Jane, LLC		X				\$	\$			\$ 516,000	1
2												2
3												3
4												4
5												5
6												6
7	TOTAL Long-Term										516,000	7
	Working Capital											
8	Alloc. Preferred Bookkeeping		X				\$	\$			\$ (308)	8
9	Alloc. SIR Management		X								(171)	9
10												10
11												11
12												12
13												13
14	TOTAL Working Capital										(479)	14
	B. Non-Facility Related*											
15							\$	\$			\$	15
16												16
17												17
18												18
19												19
20	TOTAL Non-Facility Related											20

* Any interest expense reported in this section should be adjusted out on page 5, line 14 and, consequently, page 4, col. 7.
(See instructions.)

** If there is ANY overlap in ownership between the facility and the lender, this must be indicated in column 2.
(See instructions.)

SEE ACCOUNTANTS' COMPILATION REPORT

		Important , please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.			
1. Real Estate Tax accrual used on 2004 report.		\$	103,800	1	
2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)		\$	113,928	2	
3. Under or (over) accrual (line 2 minus line 1).		\$	10,128	3	
4. Real Estate Tax accrual used for 2005 report. (Detail and explain your calculation of this accrual on the lines below.)		\$	110,360	4	
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. (Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)		\$	1,056	5	
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. TOTAL REFUND \$ For Tax Year. (Attach a copy of the real estate tax appeal board's decision.)		\$		6	
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.		\$	121,544	7	
Real Estate Tax History:					
Real Estate Tax Bill for Calendar Year:	2000	87,263	8		
	2001	89,959	9		
	2002	97,223	10		
	2003	101,520	11		
	2004	107,149	12		
Accrual \$107,149 x 1.03 = \$110,360					
Allocation Preferred Bookkeeping \$2,372					
Allocation SIR Management \$4,407					

	FOR OHF USE ONLY		
13	FROM R. E. TAX STATEMENT FOR 2004	\$	13
14	PLUS APPEAL COST FROM LINE 5	\$	14
15	LESS REFUND FROM LINE 6	\$	15
16	AMOUNT TO USE FOR RATE CALCULATION \$		16

1. Please indicate a negative number by use of brackets(). Deduct any overaccrual of taxes from prior year.
2. If facility is a non-profit which pays real estate taxes, you must attach a denial of an application for real estate tax exemption unless the building is rented from a for-profit entity.
This denial must be no more than four years old at the time the cost report is filed.

SEE ACCOUNTANTS' COMPILATION REPORT

IMPORTANT NOTICE

TO: Long Term Care Facilities with Real Estate Tax Rates RE: 2004 REAL ESTATE TAX COST DOCUMENTATION

In order to set the real estate tax portion of the capital rate, it is necessary that we obtain additional information regarding your calendar 2004 real estate tax costs, as well as copies of your original real estate tax bills for calendar 2004.

Please complete the Real Estate Tax Statement below and forward with a copy of your 2004 real estate tax bill to the Department of Public Aid, Bureau of Health Finance, 201 South Grand Avenue East, Springfield, Illinois 62763.

Please send these items in with your completed 2005 cost report. The cost report will not be considered complete and timely filed until this statement and the corresponding real estate tax bills are filed. If you have any questions, please call the Bureau of Health Finance at (217) 782-1630.

2004 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Maplewood Care COUNTY Kane

FACILITY IDPH LICENSE NUMBER 0040428

CONTACT PERSON REGARDING THIS REPORT Steve Lavenda

TELEPHONE (847)236-1111 FAX #: (847)236-1155

A. Summary of Real Estate Tax Cost

Enter the tax index number and real estate tax assessed for 2004 on the lines provided below. Enter only the portion of the cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursing home property which is vacant, rented to other organizations, or used for purposes other than long term care must not be entered in Column D. Do not include cost for any period other than calendar year 2004.

(A)	(B)	(C)	(D)
			Tax
Tax Index Number	Property Description	Total Tax	Applicable to Nursing Home
1. 06-15-304-015	Long Term Care Property	\$ 107,148.80	\$ 107,148.80
2. See Attached	SIR property Allocation	\$ 86,511.09	\$ 6,528.94
3.		\$	\$
4.		\$	\$
5.		\$	\$
6.		\$	\$
7.		\$	\$
8.		\$	\$
9.		\$	\$
10.		\$	\$
TOTALS		\$ 193,659.89	\$ 113,677.74

B. Real Estate Tax Cost Allocations

Does any portion of the tax bill apply to more than one nursing home, vacant property, or property which is not directly used for nursing home services? X YES NO

If YES, attach an explanation & a schedule which shows the calculation of the cost allocated to the nursing home. (Generally the real estate tax cost must be allocated to the nursing home based upon sq. ft. of space used.)

C. Tax Bills

Attach a copy of the original 2004 tax bills which were listed in Section A to this statement. Be sure to use the 2004 tax bill which is normally paid during 2005.

IMPORTANT NOTICE

TO: Long Term Care Facilities with Real Estate Tax Rates RE: 2004 REAL ESTATE TAX COST DOCUMENTATION

In order to set the real estate tax portion of the capital rate, it is necessary that we obtain additional information regarding your calendar 2004 real estate tax costs, as well as copies of your real estate tax bills for calendar 2004.

Please complete the Real Estate Tax Statement below and forward with a copy of your 2004 real estate tax bill to the Department of Public Aid, Bureau of Health Finance, 201 South Grand Avenue East, Springfield, Illinois 62763.

Please send these items in with your completed 2005 cost report. The cost report will not be considered complete and timely filed until this statement and the corresponding real estate tax bills are filed. If you have any questions, please call the Bureau of Health Finance at (217) 782-1630.

2004 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Maplewood Care COUNTY Kane

FACILITY IDPH LICENSE NUMBER 0040428

CONTACT PERSON REGARDING THIS REPORT Steve Lavenda

TELEPHONE (847)236-1111 FAX #: (847)236-1155

A. Summary of Real Estate Tax Cost

Enter the tax index number and real estate tax assessed for 2004 on the lines provided below. Enter only the portion of the cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursing home property which is vacant, rented to other organizations, or used for purposes other than long term care must not be entered in Column D. Do not include cost for any period other than calendar year 2004.

(A)	(B)	(C)	(D)
			Tax
Tax Index Number	Property Description	Total Tax	Applicable to Nursing Home
1.		\$	\$
2.		\$	\$
3.		\$	\$
4.		\$	\$
5.		\$	\$
6.		\$	\$
7.		\$	\$
8.		\$	\$
9.		\$	\$
10.		\$	\$
TOTALS		\$	\$

B. Real Estate Tax Cost Allocations

Does any portion of the tax bill apply to more than one nursing home, vacant property, or property which is not directly used for nursing home services? YES NO

If YES, attach an explanation & a schedule which shows the calculation of the cost allocated to the nursing home. (Generally the real estate tax cost must be allocated to the nursing home based upon sq. ft. of space used.)

C. Tax Bills

Attach a copy of the 2004 tax bills which were listed in Section A to this statement. Be sure to use the 2000 tax bill which is normally paid during 2005.

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 36,780 B. General Construction Type: Exterior Brick Frame _____ Number of Stories _____

C. Does the Operating Entity? ☐ (a) Own the Facility ☒ (b) Rent from a Related Organization. ☐ (c) Rent from Completely Unrelated Organization.
(Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See instructions.)

D. Does the Operating Entity? ☒ (a) Own the Equipment ☒ (b) Rent equipment from a Related Organization. ☒ (c) Rent equipment from Completely Unrelated Organization.
(Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions.)

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, CNA training facilities, etc.)
List entity name, type of business, square footage, and number of beds/units available (where applicable).
None

F. Does this cost report reflect any organization or pre-operating costs which are being amortized? ☐ YES ☒ NO
If so, please complete the following:

1. Total Amount Incurred: _____ 2. Number of Years Over Which it is Being Amortized: _____
3. Current Period Amortization: _____ 4. Dates Incurred: _____

Nature of Costs: _____
(Attach a complete schedule detailing the total amount of organization and pre-operating costs.)

XI. OWNERSHIP COSTS:

A. Land.

	1	2	3	4	
	Use	Square Feet	Year Acquired	Cost	
1			<u>1993</u>	\$ <u>262,479</u>	1
2					2
3	TOTALS			\$ <u>262,479</u>	3

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Beds*	FOR BHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4					\$	\$		\$	\$		4
5											5
6											6
7											7
8											8
	Improvement Type**										
9	Various			1993	98,204		20	3,593	3,593	47,758	9
10	Various			1994	13,684		20	684	684	8,470	10
11	Various			1995	5,179		20	259	259	2,710	11
12	Various			1996	19,800		20	990	990	9,735	12
13	Various			1997	21,688		20	1,085	1,085	9,596	13
14	Various			1998	19,077		20	955	955	6,951	14
15	Various			1999	47,028		20	2,195	2,195	13,998	15
16	Various			2000	565,082		20	28,254	28,254	164,398	16
17	Various			2001	72,848		20	4,367	4,367	20,365	17
18											18
19											19
20											20
21											21
22											22
23											23
24											24
25											25
26											26
27											27
28											28
29											29
30											30
31											31
32											32
33											33
34											34
35											35
36											36

*Total beds on this schedule must agree with page 2.

**Improvement type must be detailed in order for the cost report to be considered complete.

XI. OWNERSHIP COSTS (continued)
B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
37		\$	\$		\$	\$	\$	37
38								38
39								39
40								40
41								41
42								42
43								43
44								44
45								45
46								46
47								47
48								48
49								49
50								50
51								51
52								52
53								53
54								54
55								55
56								56
57								57
58								58
59								59
60								60
61								61
62								62
63								63
64								64
65								65
66								66
67	Related Building Company (Pages 12-BLDG & 12A-BLDG)	5,445,306	15,920			(15,920)	2,080,804	67
68	Related Party Allocations (Pages 12-REP & 12A-REP)	88,035	2,998		3,461	463	36,532	68
69	Financial Statement Depreciation		72,317			(72,317)		69
70	TOTAL (lines 4 thru 69)	\$ 6,395,931	\$ 91,235		\$ 45,843	\$ (45,392)	\$ 2,401,317	70

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete.

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		\$6,395,931	\$91,235		\$45,843	\$(45,392)	\$2,401,317	1
2	Outlets	2002	4,351		20	435	435	1,740	2
3	Water Meter Work	2002	1,626		20	163	163	650	3
4	Compressor	2002	2,401		20	240	240	860	4
5	Hvac	2002	1,727		20	173	173	576	5
6	Roofing	2002	1,099		20	55	55	201	6
7	Cooling System	2002	1,560		20	78	78	286	7
8	Heating System	2002	1,033		20	52	52	189	8
9	Cubicle Curtains	2002	1,727		20	86	86	317	9
10	Stair Rails	2003	2,000		20	100	100	300	10
11	Heat Exchange	2003	2,276		20	114	114	341	11
12	Walk-In Cooler Work	2003	2,673		20	134	134	368	12
13	Sprinkler System	2003	6,975		20	349	349	959	13
14	Sealcoating Parking Lot	2003	3,300		20	165	165	385	14
15	Vinyl Tile	2003	930		20	47	47	109	15
16	Hvac Register	2003	1,000		20	50	50	113	16
17	Furnace Ignitor, Flame Sensor	2003	1,116		20	56	56	121	17
18	Hvac Ignition, High Limit Control	2003	1,026		20	51	51	111	18
19	Hvac Fan Delay Timer, Etc	2003	1,053		20	53	53	110	19
20	Elevator Work	2004	1,334		20	67	67	133	20
21	Plumbing	2004	4,952		20	248	248	310	21
22	Steel Door	2004	3,900		20	390	390	455	22
23	Blinds	2004	423		20	21	21	32	23
24	Verticle Rod Panel Bar	2004	584		20	29	29	34	24
25	Vinyl Blinds	2004	628		20	31	31	37	25
26	Tile Repair	2004	801		20	40	40	43	26
27	Compressor	2004	1,558		20	78	78	117	27
28	Condensor Fan Motors	2004	2,119		20	106	106	150	28
29	Fire Sprinkler Repair	2004	1,789		20	89	89	171	29
30	Tile Shower Room	2005	13,597		20	453	453	453	30
31	Plumbing	2005	6,542		20	191	191	191	31
32	Call System	2005	8,689		20	398	398	398	32
33	Fire Alarm System	2005	31,622		20	791	791	791	33
34	TOTAL (lines 1 thru 33)		\$6,512,342	\$91,235		\$51,176	\$(40,059)	\$2,412,368	34

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete.

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12B, Carried Forward		\$6,512,342	\$91,235		\$51,176	\$(40,059)	\$2,412,368	1
2	Fire Alarm / Elevator	2005	4,950		20	124	124	124	2
3	Wall Repair	2005	11,575		20	193	193	193	3
4	Fire Alarm System	2005	3,585		20	15	15	15	4
5	Water Heater	2005	7,708		20	32	32	32	5
6	Heat Exchanger	2005	3,854		20	32	32	32	6
7	Replaced Furnace Burners, Support Plate	2005	1,767		20	88	88	88	7
8	Repaired Furnace Filter Rack	2005	1,506		20	75	75	75	8
9	Replaced Furnace Defective Parts	2005	1,616		20	81	81	81	9
10	Install New Vinyl Tile	2005	1,684		20	84	84	84	10
11	Replaced 20 Water Stop Valves	2005	2,064		20	103	103	103	11
12	Replaced 35 Stop Valves For Sinks And Toilets	2005	3,153		20	158	158	158	12
13	Replaced 20 Water Stop Valves	2005	2,663		20	133	133	133	13
14	Curtains	2005	2,505		20	125	125	125	14
15	Hvac -Installed Parts	2005	1,855		20	93	93	93	15
16	Replaced Defective Sink Faucets	2005	2,151		20	108	108	108	16
17	Hvac - Replacement Parts	2005	1,691		20	85	85	85	17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$6,566,669	\$91,235		\$52,705	\$(38,530)	\$2,413,897	34

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete.

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12C, Carried Forward		\$6,566,669	\$91,235		\$52,705	\$(38,530)	\$2,413,897	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$6,566,669	\$91,235		\$52,705	\$(38,530)	\$2,413,897	34

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete.

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12D, Carried Forward		\$6,566,669	\$91,235		\$52,705	\$(38,530)	\$2,413,897	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$6,566,669	\$91,235		\$52,705	\$(38,530)	\$2,413,897	34

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete.

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12E, Carried Forward		\$6,566,669	\$91,235		\$52,705	\$(38,530)	\$2,413,897	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$6,566,669	\$91,235		\$52,705	\$(38,530)	\$2,413,897	34

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete.

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12F, Carried Forward		\$6,566,669	\$91,235		\$52,705	\$(38,530)	\$2,413,897	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
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19									19
20									20
21									21
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23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$6,566,669	\$91,235		\$52,705	\$(38,530)	\$2,413,897	34

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete.

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12G, Carried Forward		\$6,566,669	\$91,235		\$52,705	\$(38,530)	\$2,413,897	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
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23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$6,566,669	\$91,235		\$52,705	\$(38,530)	\$2,413,897	34

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete.

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12H, Carried Forward		\$6,566,669	\$91,235		\$52,705	\$(38,530)	\$2,413,897	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
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19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$6,566,669	\$91,235		\$52,705	\$(38,530)	\$2,413,897	34

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete.

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12I, Carried Forward		\$6,566,669	\$91,235		\$52,705	\$(38,530)	\$2,413,897	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
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21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$6,566,669	\$91,235		\$52,705	\$(38,530)	\$2,413,897	34

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete.

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12J, Carried Forward		\$6,566,669	\$91,235		\$52,705	\$(38,530)	\$2,413,897	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
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23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$6,566,669	\$91,235		\$52,705	\$(38,530)	\$2,413,897	34

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete.

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1	FOR OHF USE ONLY	2	3	4	5	6	7	8	9	
	Beds*		Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
4	203		1993	1972	\$ 5,445,306	\$ 15,920	35	\$	\$ (15,920)	\$ 2,080,804	4
5											5
6											6
7											7
8											8
	Improvement Type**										
9											9
10											10
11											11
12											12
13											13
14											14
15											15
16											16
17											17
18											18
19											19
20											20
21											21
22											22
23											23
24											24
25											25
26											26
27											27
28											28
29											29
30											30
31											31
32											32
33											33
34											34
35											35
36											36

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete.

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
37		\$	\$		\$	\$	\$	37
38								38
39								39
40								40
41								41
42								42
43								43
44								44
45								45
46								46
47								47
48								48
49								49
50								50
51								51
52								52
53								53
54								54
55								55
56								56
57								57
58								58
59								59
60								60
61								61
62								62
63								63
64								64
65								65
66								66
67								67
68								68
69								69
70	TOTAL (lines 4 thru 69)	\$5,445,306	\$15,920		\$	\$(15,920)	\$2,080,804	70

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete.

XI. OWNERSHIP COSTS (continued)											
B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.											
	1	FOR OHF USE ONLY	2	3	4	5	6	7	8	9	
	Beds*		Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
4	Alloc. SIR Properties - Preferred Bookkeeping			1993	\$ 15,264	\$ 485	35	\$ 436	\$ (49)	\$ 5,451	4
5	Alloc. SIR Properties - SIR Management			1993	28,357	900	35	810	(90)	10,127	5
6											6
7											7
8											8
	Improvement Type**										
9											9
10	Preferred Bookkeeping Allocation			1997	19,062	427	20	953	526	8,396	10
11	Preferred Bookkeeping Allocation			1999	151	-	20	8	8	49	11
12	Preferred Bookkeeping Allocation			2000	956	-	20	48	(48)	259	12
13											13
14	SIR Properties - Preferred Bookkeeping			2002	60	-	20	3	3	11	14
15	SIR Properties - Preferred Bookkeeping			1999	1,934	193	20	97	(96)	629	15
16	SIR Properties - Preferred Bookkeeping			1998	924	92	20	46	(46)	347	16
17	SIR Properties - Preferred Bookkeeping			1997	58	6	20	3	(3)	27	17
18	SIR Properties - Preferred Bookkeeping			1994	145	4	20	7	3	84	18
19	SIR Properties - Preferred Bookkeeping			1993	248	1	20	12	11	155	19
20											20
21	SIR Management			1993	12,179	339	20	604	265	7,850	21
22	SIR Management			1994	38	-	20	-		38	22
23	SIR Management			1995	278	-	20	14	14	145	23
24	SIR Management			1999	1,323	-	20	66	66	411	24
25	SIR Management			2000	799	-	20	40	40	227	25
26											26
27	SIR Properties - SIR Management			2002	112	-	20	6	6	20	27
28	SIR Properties - SIR Management			1999	3,593	359	20	180	(179)	1,168	28
29	SIR Properties - SIR Management			1998	1,717	172	20	86	(86)	644	29
30	SIR Properties - SIR Management			1997	107	11	20	5	(6)	51	30
31	SIR Properties - SIR Management			1994	270	7	20	14	7	155	31
32	SIR Properties - SIR Management			1993	460	2	20	23	21	288	32
33											33
34											34
35											35
36											36

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete.

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
37		\$	\$		\$	\$	\$	37
38								38
39								39
40								40
41								41
42								42
43								43
44								44
45								45
46								46
47								47
48								48
49								49
50								50
51								51
52								52
53								53
54								54
55								55
56								56
57								57
58								58
59								59
60								60
61								61
62								62
63								63
64								64
65								65
66								66
67								67
68								68
69								69
70	TOTAL (lines 4 thru 69)	\$88,035	\$2,998		\$3,461	\$367	\$36,532	70

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete.

XI. OWNERSHIP COSTS (continued)

C. Equipment Depreciation-Excluding Transportation. (See instructions.)

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	\$96,373	\$1,033	\$5,461	\$4,428	10	\$67,824	71
72	Current Year Purchases	41,656	175	2,121	1,946	10	2,121	72
73	Fully Depreciated Assets	41				10	41	73
74								74
75	TOTALS	\$138,070	\$1,208	\$7,582	\$6,374		\$69,986	75

D. Vehicle Depreciation (See instructions.)*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76				\$	\$	\$	\$		\$	76
77										77
78										78
79										79
80	TOTALS			\$	\$	\$	\$		\$	80

E. Summary of Care-Related Assets

		1 Reference	2 Amount	
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$6,967,218	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$92,443	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$60,287	83
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$(32,156)	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$2,483,883	85

F. Depreciable Non-Care Assets Included in General Ledger. (See instructions.)

	1 Description & Year Acquired	2 Cost	Current Book Depreciation 3	Accumulated Depreciation 4	
86		\$	\$	\$	86
87					87
88					88
89					89
90					90
91	TOTALS	\$	\$	\$	91

G. Construction-in-Progress

	Description	Cost	
92		\$	92
93			93
94			94
95		\$	95

* Vehicles used to transport residents to & from day training must be recorded in XI-F, not XI-D.

** This must agree with Schedule V line 30, column 8.

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease:
2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4?
If NO, see instructions.
- ☐ YES
- ☐ NO

		1 Year Constructed	2 Number of Beds	3 Original Lease Date	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:				\$			3
4	Additions							4
5								5
6								6
7	TOTAL				\$			7

8. List separately any amortization of lease expense included on page 4, line 34.
This amount was calculated by dividing the total amount to be amortized
by the length of the lease
-
-

9. Option to Buy:
- ☐ YES
- ☒ NO
- Terms:
-
- *

B. Equipment-Excluding Transportation and Fixed Equipment. (See instructions.)

15. Is Movable equipment rental included in building rental?
- ☐ YES
- ☐ NO
16. Rental Amount for movable equipment: \$ 9,388
- Description: See Attached Schedule
- (Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17	Facility	2001 Chevy Express Van	\$ 339.97	\$ 4,080	17
18					18
19					19
20					20
21	TOTAL		\$ 339.97	\$ 4,080	21

* If there is an option to buy the building, please provide complete details on attached schedule.

** This amount plus any amortization of lease expense must agree with page 4, line 34.

A. TYPE OF TRAINING PROGRAM (If CNAs are trained in another facility program, attach a schedule listing the facility name, address and cost per CNA trained in that facility.)

1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD?

☐ YES
☒ NO

If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.

2. CLASSROOM PORTION:

IN-HOUSE PROGRAM
IN OTHER FACILITY
COMMUNITY COLLEGE
HOURS PER CNA

3. CLINICAL PORTION:

IN-HOUSE PROGRAM
IN OTHER FACILITY
HOURS PER CNA

B. EXPENSES

ALLOCATION OF COSTS (d)

		1	2	3	4
		Facility			
		Drop-outs	Completed	Contract	Total
1	Community College Tuition	\$	\$	\$	\$
2	Books and Supplies				
3	Classroom Wages (a)				
4	Clinical Wages (b)				
5	In-House Trainer Wages (c)				
6	Transportation				
7	Contractual Payments				
8	CNA Competency Tests				
9	TOTALS	\$	\$	\$	\$
10	SUM OF line 9, col. 1 and 2 (e)	\$			

C. CONTRACTUAL INCOME

In the box below record the amount of income your facility received training CNAs from other facilities.

\$

D. NUMBER OF CNAs TRAINED

COMPLETED	
1. From this facility	
2. From other facilities (f)	
DROP-OUTS	
1. From this facility	
2. From other facilities (f)	
TOTAL TRAINED	

(a) Include wages paid during the classroom portion of training. Do not include fringe benefits.

(b) Include wages paid during the clinical portion of training. Do not include fringe benefits.

(c) For in-house training programs only. Do not include fringe benefits.

(d) Allocate based on if the CNA is from your facility or is being contracted to be trained in your facility. Drop-out costs can only be for costs incurred by your own CNAs.

(e) The total amount of Drop-out and Completed Costs for your own CNAs must agree with Sch. V, line 13, col. 8.

(f) Attach a schedule of the facility names and addresses of those facilities for which you trained CNAs.

SEE ACCOUNTANTS' COMPILATION REPORT

XIV. SPECIAL SERVICES (Direct Cost) (See instructions.)

		1	2	3	4	5	6	7	8	
	Service	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	Units	Cost				
1	Licensed Occupational Therapist	39 - 03	hrs	\$		\$ 46,610	\$		\$ 46,610	1
2	Licensed Speech and Language Development Therapist	39 - 03	hrs			152			152	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39 - 03	hrs			14,670			14,670	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy	39 - 02	# of prescripts				52,536		52,536	9
	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							
10			hrs							10
11	Academic Education		hrs							11
12	Exceptional Care Program	39 - 02					3,655		3,655	12
13	Other (specify): See Supplemental					910	30,335		31,245	13
14	TOTAL			\$		\$ 62,342	\$ 86,526		\$ 148,868	14

NOTE: This schedule should include fees (other than consultant fees) paid to licensed practitioners. Consultant fees should be detailed on Schedule XVIII-B. Salaries of unlicensed practitioners, such as CNAs, who help with the above activities should not be listed on this schedule.

SEE ACCOUNTANTS' COMPILATION REPORT

		1	2	
		Operating	After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$45,524	\$45,525	1
2	Cash-Patient Deposits	42,217	42,217	2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	1,568,140	1,568,140	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	37,590	37,590	6
7	Other Prepaid Expenses	3,789	3,789	7
8	Accounts Receivable (owners or related parties)	20,300	20,300	8
9	Other(specify): See Attached Schedule		114,828	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$1,717,560	\$1,832,389	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		517,253	13
14	Buildings, at Historical Cost		2,518,622	14
15	Leasehold Improvements, at Historical Cost	603,120	603,120	15
16	Equipment, at Historical Cost	856,088	1,465,088	16
17	Accumulated Depreciation (book methods)	(856,765)	(3,546,569)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs		23,330	19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify): See Attached Schedule	505,719	540,444	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$1,108,162	\$2,121,288	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$2,825,722	\$3,953,677	25

		1	2	
		Operating	After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$185,548	\$185,548	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	43,407	43,407	28
29	Short-Term Notes Payable	2,810,000	2,810,000	29
30	Accrued Salaries Payable	186,802	186,802	30
31	Accrued Taxes Payable (excluding real estate taxes)	17,965	17,965	31
32	Accrued Real Estate Taxes(Sch.IX-B)		110,360	32
33	Accrued Interest Payable			33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	See Attached Schedule	19,880	3,988,055	36
37				37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$3,263,602	\$7,342,137	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable			39
40	Mortgage Payable			40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43	See Attached Schedule			43
44				44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$	\$	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$3,263,602	\$7,342,137	46
47	TOTAL EQUITY(page 18, line 24)	\$(437,880)	\$(3,388,460)	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$2,825,722	\$3,953,677	48

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ (640,987)	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ (640,987)	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	104,607	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants		11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	()	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe)		15
16	Other (describe)		16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$ 104,607	17
	B. Transfers (Itemize):		
18	Contributed Capital	98,500	18
19			19
20			20
21			21
22			22
23	TOTAL Transfers (sum of lines 18-22)	\$ 98,500	23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$ (437,880)	24 *

* This must agree with page 17, line 47.

SEE ACCOUNTANTS' COMPILATION REPORT

XVII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required

classifications of revenue and expense must be provided on this form, even if financial statements are attached.

Note: This schedule should show gross revenue and expenses. Do not net revenue against expense.

1			
	Revenue	Amount	
	A. Inpatient Care		
1	Gross Revenue -- All Levels of Care	\$ 6,602,186	1
2	Discounts and Allowances for all Levels	37,433	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 6,639,619	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	176,260	6
7	Oxygen		7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 176,260	8
	C. Other Operating Revenue		
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care		13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	52,642	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	6,383	19
20	Radiology and X-Ray	1,456	20
21	Other Medical Services	28,263	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 88,744	23
	D. Non-Operating Revenue		
24	Contributions		24
25	Interest and Other Investment Income***		25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$	26
	E. Other Revenue (specify):****		
27	Settlement Income (Insurance, Legal, Etc.)		27
28	<u>See Supplemental Schedule</u>	17	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 17	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 6,904,640	30

2			
	Expenses	Amount	
	A. Operating Expenses		
31	General Services	1,338,211	31
32	Health Care	2,684,373	32
33	General Administration	1,359,848	33
	B. Capital Expense		
34	Ownership	1,157,590	34
	C. Ancillary Expense		
35	Special Cost Centers	148,868	35
36	Provider Participation Fee	111,143	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 6,800,033	40
41	Income before Income Taxes (line 30 minus line 40)**	104,607	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ 104,607	43

* This must agree with page 4, line 45, column 4.

** Does this agree with taxable income (loss) per Federal Income Tax Return? Cash Basis If not, please attach a reconciliation.

*** See the instructions. If this total amount has not been offset against interest expense on Schedule V, line 32, please include a detailed explanation. SEE ACCOUNTANTS' COMPILATION REPORT

****Provide a detailed breakdown of "Other Revenue" on an attached sheet.

XVIII. A. STAFFING AND SALARY COSTS (Please report each line separately.)
(This schedule must cover the entire reporting period.)

		1	2**	3	4	
		# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage	
1	Director of Nursing	1,909	2,145	\$ 69,934	\$ 32.60	1
2	Assistant Director of Nursing	4,718	4,871	131,847	27.07	2
3	Registered Nurses	27,927	29,723	789,255	26.55	3
4	Licensed Practical Nurses	1,947	2,157	48,424	22.45	4
5	CNAs & Orderlies	71,201	72,989	819,483	11.23	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	7,975	8,402	84,498	10.06	8
9	Activity Director	1,897	2,086	29,878	14.32	9
10	Activity Assistants	7,803	8,116	63,570	7.83	10
11	Social Service Workers	13,259	14,139	173,677	12.28	11
12	Dietician					12
13	Food Service Supervisor	1,889	2,086	44,601	21.38	13
14	Head Cook	1,618	1,768	14,010	7.92	14
15	Cook Helpers/Assistants	21,765	23,273	178,620	7.67	15
16	Dishwashers					16
17	Maintenance Workers	4,943	5,026	74,030	14.73	17
18	Housekeepers	26,636	28,106	200,504	7.13	18
19	Laundry	6,120	6,574	46,516	7.08	19
20	Administrator	1,881	2,086	63,763	30.57	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	18,778	19,825	224,899	11.34	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)					30
31	Medical Records	4,016	4,493	88,179	19.63	31
32	Other Health Care(specify)					32
33	Other(specify) See Supplemental	3,414	3,414	11,062	3.24	33
34	TOTAL (lines 1 - 33)	229,696	241,279	\$ 3,156,750 *	\$ 13.08	34

* This total must agree with page 4, column 1, line 45.

** See instructions.

B. CONSULTANT SERVICES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Consultant Cost for Reporting Period	Schedule V Line & Column Reference	
35	Dietary Consultant	Monthly	\$ 13,200	01-03	35
36	Medical Director	Monthly	6,000	09-03	36
37	Medical Records Consultant	98	4,224	10-03	37
38	Nurse Consultant	Monthly	40,200	10-03	38
39	Pharmacist Consultant	59	3,528	10-03	39
40	Physical Therapy Consultant	Monthly	12,310	10a-03	40
41	Occupational Therapy Consultant	Monthly	6,301	10a-03	41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant	72	2,499	11-03	44
45	Social Service Consultant	108	5,932	12-03	45
46	Other(specify)				46
47	Psychiatric Dir	150	7,200	12-03	47
48	Dir od Food Service	Monthly	20,712	01-03	48
49	TOTAL (lines 35 - 48)	487	\$ 122,106		49

C. CONTRACT NURSES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference	
50	Registered Nurses	2,802	\$ 125,264	10-03	50
51	Licensed Practical Nurses	606	22,106	10-03	51
52	Certified Nurse Assistants/Aides				52
53	TOTAL (lines 50 - 52)	3,408	\$ 147,370		53

SEE ACCOUNTANTS' COMPILATION REPORT

XIX. SUPPORT SCHEDULES

A. Administrative Salaries				D. Employee Benefits and Payroll Taxes			F. Dues, Fees, Subscriptions and Promotions	
Name	Function	Ownership %	Amount	Description		Amount	Description	Amount
Jamie Lloyd	Administrator	0	\$ 63,763	Workers' Compensation Insurance	\$	53,209	IDPH License Fee	\$
				Unemployment Compensation Insurance		51,733	Advertising: Employee Recruitment	8,294
				FICA Taxes		235,856	Health Care Worker Background Check	970
				Employee Health Insurance		54,279	(Indicate # of checks performed 80)	
				Employee Meals		31,963	Dues & Subscriptions	7,254
				Illinois Municipal Retirement Fund (IMRF)*			Licenses & Permits	12,788
				401K Contributions		6,645	Alloc. Preferred Bookkeeping	74
				Other Employee Benefits		12,972	Alloc. SIR Management	106
TOTAL (agree to Schedule V, line 17, col. 1)							Advertising	7,773
(List each licensed administrator separately.)							Yellow Page Advertising	13,154
							Less: Public Relations Expense	()
B. Administrative - Other							Non-allowable advertising	(7,773)
							Yellow page advertising	(13,154)
Description			Amount				TOTAL (agree to Sch. V, line 20, col. 8)	
Ancillary Administrative-SIR Management			\$ 45,648				\$ 29,486	
Director of Administrative Sevices - SIR Management			25,584					
SIR Management Fees			4,320					
TOTAL (agree to Schedule V, line 17, col. 3)				TOTAL (agree to Schedule V, line 22, col.8)				
(Attach a copy of any management service agreement)								
C. Professional Services				E. Schedule of Non-Cash Compensation Paid to Owners or Employees			G. Schedule of Travel and Seminar**	
Vendor/Payee	Type		Amount	Description	Line #	Amount	Description	Amount
Preferred Bookkeeping	Accounting		\$ 28,100				Out-of-State Travel	\$
FR & R	Accounting		15,335					
Preferred Bookkeeping	Computer Services		4,872					
Preferred Bookkeeping	Bookkeeping Services		73,080				In-State Travel	
LTC Solutions	Software Support		1,320					
SIR Management	Director of Reg Services		16,440					
Personnel Planners	Unemployment Consultn.		4,005					
ICS Solutions	Website		180				Seminar Expense	5,527
e-Health Data Solutions	MDS Software		3,217				Alloc. Preferred Bookkeeping	113
Adj. out on p.5A	Legal		11,610				Alloc. Sir Management	243
							Entertainment Expense	()
TOTAL (agree to Schedule V, line 19, column 3)				TOTAL			(agree to Sch. V, line 24, col. 8)	
(If total legal fees exceed \$2500 attach copy of invoices.)							TOTAL	\$ 5,883
\$ 158,159								

* Attach copy of IMRF notifications
SEE ACCOUNTANTS' COMPILATION REPORT

**See instructions.

XIX-H. SUPPORT SCHEDULE - DEFERRED MAINTENANCE COSTS (which have been included in Sch. V, line 6, col. 3).
(See instructions.)

	1	2	3	4	5	6	7	8	9	10	11	12	13
	Improvement Type	Month & Year Improvement Was Made	Total Cost	Useful Life	Amount of Expense Amortized Per Year								
					FY2002	FY2003	FY2004	FY2005	FY2006	FY2007	FY2008	FY2009	FY2010
1	N/A		\$		\$	\$	\$	\$	\$	\$	\$	\$	\$
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20	TOTALS		\$		\$	\$	\$	\$	\$	\$	\$	\$	\$

SEE ACCOUNTANTS' COMPILATION REPORT

XX. GENERAL INFORMATION:

- (1)

Are nursing employees (RN,LPN,NA) represented by a union?

No
- (2)

Are there any dues to nursing home associations included on the cost report?
If YES, give association name and amount.

Yes
IL Council on LTC - \$9,373
- (3)

Did the nursing home make political contributions or payments to a political action organization?
If YES, have these costs been properly adjusted out of the cost report?

Yes
Yes
- (4)

Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year?
If YES, what is the capacity?

No
- (5)

Have you properly capitalized all major repairs and equipment purchases?
What was the average life used for new equipment added during this period?

Yes
10 Yrs
- (6)

Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V.

\$2,541Line10
- (7)

Have all costs reported on this form been determined using accounting procedures consistent with prior reports?
If NO, attach a complete explanation.

Yes
- (8)

Are you presently operating under a sale and leaseback arrangement?
If YES, give effective date of lease.

No
N/A
- (9)

Are you presently operating under a sublease agreement?

XYESNO
- (10)

Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)?
If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.

YESNOX
- (11)

Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period.
This amount is to be recorded on line 42 of Schedule V.

\$111,143
- (12)

Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee?
If YES, attach an explanation of the allocation.

No

- (13)

Have costs for all supplies and services which are of the type that can be billed to the Department, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V?

Yes
- (14)

Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B?
For example, is a portion of the building used for rental, a pharmacy, day care, etc.)
If YES, attach a schedule which explains how all related costs were allocated to these functions.

N/A
- (15)

Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V.
Has any meal income been offset against related costs?

\$31,963
N/AIndicate the amount.\$N/A
- (16)

Travel and Transportation

a.

Are there costs included for out-of-state travel?
If YES, attach a complete explanation.

No

b.

Do you have a separate contract with the Department to provide medical transportation for residents?
If YES, please indicate the amount of income earned from such a program during this reporting period.

No
N/A

c.

What percent of all travel expense relates to transportation of nurses and patients?

N/A

d.

Have vehicle usage logs been maintained?

N/A

e.

Are all vehicles stored at the nursing home during the night and all other times when not in use?

N/A

f.

Has the cost for commuting or other personal use of autos been adjusted out of the cost report?

N/A

g.

Does the facility transport residents to and from day training?
Indicate the amount of income earned from providing such transportation during this reporting period.

No
\$N/A
- (17)

Has an audit been performed by an independent certified public accounting firm?
Firm Name:
The instructions for the cost report require that a copy of this audit be included with the cost report. Has this copy been attached?
If no, please explain.

No
N/A
- (18)

Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V?

Yes
- (19)

If total legal fees are in excess of \$2500, have legal invoices and a summary of services performed been attached to this cost report?
Attach invoices and a summary of services for all architect and appraisal fees.

Yes

SEE ACCOUNTANTS' COMPILATION REPORT